

E-BID #20220109
 Import Drive Sidewalk Construction Project - Phase 2
 Revised Cost Worksheet - Schedule A
 Addendum #7

Company Name: Timothy Rose Contracting, Inc

Line #	Pay Item No.	Description	Unit	Qty	Unit Price	Total Amount
1	101-99	Mobilization, inclu. Survey Staking & Record Drawings	LS	1	\$ 93,500.00	\$ 93,500.00
2	102-1	Maintenance of Traffic / Parking / Detours	DA	365	\$ 199.00	\$ 72,635.00
3	104-10-3	Silt Fence	LF	450	\$ 3.50	\$ 1,575.00
4	107-2	Mowing	AC	2.05	\$ 255.00	\$ 522.75
5	110-1	Clearing and Grubbing / Demolition	AC	3.1	\$ 11,385.00	\$ 35,293.50
6	120-1	Regular Excavation	CY	620	\$ 18.90	\$ 11,718.00
7	120-6	Embankment	CY	400	\$ 24.00	\$ 9,600.00
8	430-175-215	Pipe Culvert, Optional Material, Elliptical 13"x17" CAP	LF	545	\$ 82.50	\$ 44,962.50
9	430-175-215	Pipe Culvert, Optional Material, Elliptical 12"x18" RCP	LF	358	\$ 117.00	\$ 41,886.00
10	430-175-218	Pipe Culvert, Optional Material, Elliptical, 14"x23" RCP	LF	48	\$ 176.00	\$ 8,448.00
11	430-175-230	Pipe Culvert, Optional Material, Elliptical, 24"x38" RCP	LF	130	\$ 265.00	\$ 34,450.00
12	430-982-699	Mitered End Section, All Types/Sizes	EA	18	\$ 1,300.00	\$ 23,400.00
13	430-536-202	Straight Concrete Headwall (38"x24" RCP)(Double)	EA	2	\$ 7,550.00	\$ 15,100.00
14	514-72	Swale Liner	LF	4,835	\$ 4.15	\$ 20,065.25
15	518-900	Asphalt/Base, Utility Road Cut Pavement Restoration	SY	2,200	\$ 33.50	\$ 73,700.00
16	522-1	Concrete Sidewalk/Pads, 4" Thick	SY	2,850	\$ 44.50	\$ 126,825.00
17	522-2	Concrete Driveways/Sidewalk/Pads, 6" Thick	SY	1,300	\$ 62.50	\$ 81,250.00
18	527-2	Detectable Warnings	SF	440	\$ 43.00	\$ 18,920.00
19	570-1-2	Performance Turf, Sod	SY	11,250	\$ 3.50	\$ 39,375.00
20	700-1-50	Single Post Sign, Remove/Replace	EA	11	\$ 583.01	\$ 6,413.11
21	711-11-122	Thermoplastic, Standard Yellow, Solid 6"	LF	900	\$ 2.50	\$ 2,250.00
22	711-11-123	Thermoplastic, Standard White, Solid 12"	LF	830	\$ 3.61	\$ 2,996.30
23	711-11-125	Thermoplastic, Standard White, Solid 24"	LF	480	\$ 12.77	\$ 6,129.60
24	1080-21-500	Utility Fixture, Valve, Adjust	EA	18	\$ 500.00	\$ 9,000.00
25	1080-21-600	Utility Fixture, Water Meter Box, Adjust	EA	4	\$ 145.00	\$ 580.00
26	1090-12-900	Utility, Water Main (12") Vertical Deflection	EA	4	\$ 17,775.00	\$ 71,100.00
27					TOTAL	\$ 851,695.01

Note: Unit prices are limited to 2 decimals.

Example: \$5.2555 is not acceptable - \$5.25 is acceptable.

Contractor Signature: 

Contractor's Name: Timothy Rose

Contractor's Phone Number: 772-564-7800

Contractor's Email Address: accounting@timothyrosecontracting.com

Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

Bid Bond

CONTRACTOR:

(Name, legal status and address)

Timothy Rose Contracting, Inc.
825 8th Street
Vero Beach, FL 32962

SURETY:

(Name, legal status and principal place of business)

Hartford Fire Insurance Company
One Hartford Plaza
Hartford, CT 06155-0001

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

OWNER:

(Name, legal status and address)

City of Port St Lucie
5121 Southwest Port Saint Lucie Boulevard
Port St. Lucie, FL 34984

BOND AMOUNT: \$ 5%

Five Percent of Amount Bid

PROJECT:

(Name, location or address, and Project number, if any)


Import Drive Sidewalk Construction Project - Phase 2


The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 25th day of October, 2022


(Witness) Staci Best


(Witness) Dania Banks

Timothy Rose Contracting, Inc.

(Principal)

(Seal)

By: 

(Title)

President

Hartford Fire Insurance Company

(Surety)

(Seal)

By: 

(Title) Jarrett Merlucci

Attorney-in-Fact

POWER OF ATTORNEY

Direct Inquiries/Claims to:

THE HARTFORD

BOND, T-11

One Hartford Plaza

Hartford, Connecticut 06155

Bond.Claims@thehartford.com

call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: NIELSON HOOVER & COMPANY

Agency Code: 21-229752

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut |
| <input checked="" type="checkbox"/> | Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana |
| <input checked="" type="checkbox"/> | Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut |
| <input type="checkbox"/> | Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut |
| <input type="checkbox"/> | Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana |
| <input type="checkbox"/> | Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois |
| <input type="checkbox"/> | Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana |
| <input type="checkbox"/> | Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida |

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, up to the amount of Unlimited :

D. A. Belis, Tracey C. Brown-Boone, Natalie C. Demers, David R. Hoover, Stephanie McCarthy, Jarrett Merlucci, Laura D. Mosholder, John R. Neu, Charles D. Nielson, Charles J. Nielson, Joseph Penichet Nielson, Daniel Frank Oaks, Brett Rosenhaus, Kevin Wojtowicz of MIAMI LAKES, Florida

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA

COUNTY OF SEMINOLE

ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.



Jessica Ciccone

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of 10/25/2022.

Signed and sealed in Lake Mary, Florida.



Keith D. Dozois

Keith D. Dozois, Assistant Vice President

CONTRACTOR'S GENERAL INFORMATION WORK SHEET
eBID #20220109

It is understood and agreed that the following information is to be used by the City to determine the qualifications of prospective Contractor to perform the work required. The Contractor waives any claim against the City that might arise with respect to any decision concerning the qualifications of the Contractor.

The undersigned attests to the truth and accuracy of all statements made on this questionnaire. Also, the undersigned hereby authorizes any public official, Engineer, Surety, bank, material or equipment manufacturer, or distributor, or any person, firm or corporation to furnish the City any pertinent information requested by the City deemed necessary to verify the information on this questionnaire.

Dated at 825 8th Street, Vero Beach, FL 32962, this 26th day of October, 2022
(Location)

Name of Organization/Contractor: Timothy Rose Contracting, Inc.

By: Timothy Rose - President
Name and Title

1. Corporation, Partnership, Joint Venture, Individual or other? Corporation
2. Firm's name and main office address, telephone and fax numbers

Name: Timothy Rose Contracting, Inc.

Address: 825 8th Street

Vero Beach, FL 32962

Telephone Number: 772-564-7800

Fax Number: 772-564-7888

3. Contact person: Timothy Rose Email: accounting@timothyrosecontracting.com
4. Firm's previous names (if any). _____
5. How many years has your organization been in business? 31 years
6. Total number of staff at this location: 84 Total number of staff on the Treasure Coast: 84
7. Is the Firm a minority business: YES / NO
If no, is your company planning to implement such a program? _____
8. Is the firm claiming Local Preference under City Ordinance 35.12? YES / NO

9. List the license(s) that qualifies your firm to construct this project: CGC052940

10. **ADDENDUM ACKNOWLEDGMENT** - Bidder acknowledges that the following addenda have been received and are included in its proposal/bid:

Addendum Number	Date Issued	Addendum Number	Date Issued
#1	10/5/22	#7	10/19/22
#2	10/12/22		
#3	10/12/22		
#4	10/12/22		
#5	10/12/22		
#6	10/19/22		

11. **BID RESPONSE:**

11.1 Bidder will / will not accept the Purchasing Card (Visa).
(please circle one)

11.2 Percentage of discount when payment is made with Visa: _____ %
*Please Note: The City has implemented a **Purchasing Card Program**. The Bidder can take advantage of this project and in consideration receive payment within several days instead of the City's payment policy. Any percentage off the bid price for the acceptance of Visa will be consideration in the bid award. If no such percentage is given, the City shall assume zero (0) percent discount applies.*

11.3 Bid Reply Total from Cost Worksheet – Schedule “A”: \$ 851,695.01
(This figure must match the Cost Worksheet and the figure that is to be used on the DemandStar web page. Discrepancies between the Cost Worksheet spreadsheet uploaded on DemandStar, the dollar amount listed on the web page at the time of submittal and the Cost Work Sheet #20220109 uploaded on DemandStar will be resolved in favor of the Cost Worksheet – Schedule “A” that is uploaded at time of submittal.)

Reference Use Only – Use E-Bid Reply – Schedule “A” Spreadsheet to reply to this Bid

Line #	Pay Item No.	Description	Unit	Qty
1	101-99	Mobilization, inclu. Survey Staking & Record Drawings	LS	1
2	102-1	Maintenance of Traffic / Parking / Detours	DA	365
3	104-10-3	Silt Fence	LF	450
4	107-2	Mowing	AC	2.05
5	110-1	Clearing and Grubbing / Demolition	AC	3.1
6	120-1	Regular Excavation	CY	620
7	120-6	Embankment	CY	400
8	430-175-215	Pipe Culvert, Optional Material, Elliptical 13"x17" CAP	LF	257
9	430-175-215	Pipe Culvert, Optional Material, Elliptical 12"x18" RCP	LF	268
10	430-175-218	Pipe Culvert, Optional Material, Elliptical, 14"x23" RCP	LF	50
11	430-175-230	Pipe Culvert, Optional Material, Elliptical, 24"x38" RCP	LF	98

12	430-982-699	Miltered End Section, All Types/Sizes	EA	18
13	430-536-202	Straight Concrete Headwall (38"x24" RCP)(Double)	EA	2
14	514-72	Swale Liner	LF	4,835
15	518-900	Asphalt/Base, Utility Road Cut Pavement Restoration	SY	2,200
16	522-1	Concrete Sidewalk/Pads, 4" Thick	SY	2,820
17	522-2	Concrete Driveways/Sidewalk/Pads, 6" Thick	SY	1,200
18	527-2	Detectable Warnings	SF	440
19	570-1-2	Performance Turf, Sod	SY	11,250
20	700-1-50	Single Post Sign, New	EA	12
21	711-11-122	Thermoplastic, Standard Yellow, Solid 6"	LF	900
22	711-11-123	Thermoplastic, Standard White, Solid 12"	LF	830
23	711-11-125	Thermoplastic, Standard White, Solid 24"	LF	480
24	1080-21-500	Utility Fixture, Valve, Adjust	EA	17
25	1080-21-600	Utility Fixture, Water Meter Box, Adjust	EA	5
26	1090-12-900	Utility, Water Main (12") Vertical Deflection	LS	4

Bidders are cautioned that the anticipated quantities used for this computation will be estimates. The City makes no guarantee as to the actual quantity that will be utilized during the Contract period. A unit price for each item shall be offered shall be shown, and such price shall include packing and shipping unless otherwise specified. A total shall be entered in the "Total" column for each separate item. In case of discrepancy between the unit price and the extended price, the unit price will supersede. The total amount shall be entered on line 11.3 above and entered on the DemandStar web page. The City reserves the right to split the award, if in the City's opinion such a split is in the best interest of the City.

Interpretation of the Approximate Quantities - The Bidder's attention is called to the fact that any estimate of quantities of work to be done and materials to be furnished under the specifications as shown on the proposed form (or elsewhere) is approximate only and not guaranteed by the City. The City does not assume any responsibility that the final quantities shall remain in strict accordance with the estimated quantities, nor shall the Bidder plead misunderstanding or deception because of such estimate of quantities or of the character, location of the work, or other condition pertaining thereto.

12. List five (5) Construction of Sidewalk projects similar to this project completed by your firm in the last 5 years along with a brief description of project, location of project, client name, client phone number, email, value of contract, your firm's percentage of the total contract value, as well as the number of change orders and the total change order value. **DO NOT USE the City of Port St Lucie as a reference.**

Project Number 1

Project Name: John Rodes Blvd Sidewalk

Description: Sidewalk & Drainage

Location: Brevard County

Client Name, Phone Number & Email: Brevard County

Value of Total Contract: \$421,635.42

Date of Completion: 2/2022

Firm's Percentage of Total Contract: 95%

Number of Change Orders: 4
Value of Change Orders: 49,229.12
Was Project Completed on Schedule: Yes
Was Project Completed within Budget? Yes

Project Number 2

Project Name: Old Dixie Hwy & Highland Dr.
Description: Sidewalk & Drainage

Location: Indian River County
Client Name, Phone Number & Email: Indian River Cty, 772-226-1823, jboyer@irc.gov
Value of Total Contract: \$411,757.31
Date of Completion: 01/2020
Firm's Percentage of Total Contract: 95%
Number of Change Orders: 5
Value of Change Orders: \$33,195.40
Was Project Completed on Schedule: Yes
Was Project Completed within Budget? Yes

Project Number 3

Project Name: IR Blvd Sidewalks - 37th St -53rd St
Description: Sidewalk & Drainage

Location: Indian River County
Client Name, Phone Number & Email: Indian River Cty, 772-226-1823, jboyer@irc.gov
Value of Total Contract: \$540,135.54
Date of Completion: 02/2019
Firm's Percentage of Total Contract: 95%
Number of Change Orders: 2
Value of Change Orders: \$17,162.00
Was Project Completed on Schedule: Yes
Was Project Completed within Budget? Yes

Project Number 4

Project Name: Indian River Drive
Description: Sidewalk & Drainage

Location: Indian River County

Client Name, Phone Number & Email: City Of Sebastian, 772-228-7013, rbaker@cityofsebastian.org

Value of Total Contract: \$378,260.70

Date of Completion: 6/2018

Firm's Percentage of Total Contract: 95%

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

Project Number 5

Project Name: 8th Street Sidewalks

Description: Sidewalk & Drainage

Location: Indian River County

Client Name, Phone Number & Email: Indian River Cty, 772-226-1823, jboyer@irc.gov

Value of Total Contract: \$575,858.97

Date of Completion: 8/2017

Firm's Percentage of Total Contract: 95%

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

13. How will the Contractor be able to meet the project timeline and budget given the current workload, work force and equipment?

We have 6 underground utility crews w/ several million dollars in jobs coming to an end.

We have plenty of work force available.

14. List the number of personnel that will be assigned to the project and include job titles and their licenses or certifications.

Zachary Rose - Project Mgr N.P.-Underground Utility contractor, Advanced MOT, Trench & Safety, Confined Space, OSHA 10

Kevin Schroth - Supervisor, Advanced MOT

Steve Medecke - Pipe Foreman, Intermediate MOT, Trench & Safety, Confined Space

15. Has the Contractor or any principals of the applicant organization failed to qualify as a responsible Contractor; refused to enter into a contract after an award has been made; failed to complete a contract during the past five (5) years or been declared to be in default in any contract or been assessed liquidated damages in the last five (5) years? List the name of project, location, client, engineer, date and reason. Use additional pages if needed.

Total Number of Projects where Failure to Complete Work Occurred: None

Project Number 1

Project Name:

Project Location:

Client Name and Phone Number:

Engineer Name and Phone Number:

Date:

Reason:

Insert additional projects if needed.

16. Has the Contractor or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership?

Yes ()

No (X)

If yes, please explain:

17. List any lawsuits pending or completed within the past five (5) years involving the corporation, partnership or individuals with more than ten percent (10 %) interest:

We have not had any

(N/A is not an acceptable answer - insert lines if needed)

18. List any judgments from lawsuits in the last five (5) years:

We have not had any

(N/A is not an acceptable answer - insert lines if needed)

19. List any criminal violations and/or convictions of the Proposer and/or any of its principals:
Zachary Rose - Vice president - Has a drug and money laundering conviction from 2011. This is un related to any construction and Mr Rose holds an active Underground Utility License.

(N/A is not an acceptable answer - insert lines if needed)

20. List subcontractors and major material suppliers for the project. Include telephone numbers. Insert additional sheets if necessary.

Ferguson Waterworks -772-467-0137

Hog Technologies 772-214-1714



Signature

President
Title



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NOTICE TO ALL PROPOSERS:

To ensure fair consideration is given for all Proposers, it must be clearly understood that upon release of the proposal and during the proposal process, firms and their employees of related companies as well as paid or unpaid personnel acting on their behalf shall not contact or participate in any type of contact with City employees, department heads or elected officials, up to and including the Mayor and City Council. The **"Cone of Silence"** is in effect for this solicitation from the date the solicitation is advertised on DemandStar, until the time an award decision has been approved by City Council and fully executed by all parties. Information about the Cone of Silence can be found under the City of Port St. Lucie Ordinance 20-15, Section 35.13. Contact with anyone other than the Issuing Officer may result in the vendor being disqualified. All contact must be coordinated through Michelle Fentress, Issuing Officer, for the procurement of these services.


All questions regarding this Solicitation are to be submitted in writing to Michelle Fentress, Procurement Agent I with the Procurement Management Department via e-mail mfentress@cityofpsl.com, or by phone 772-871-5222. Please reference the Solicitation number on all correspondence to the City.

All questions, comments and requests for clarification must reference the Solicitation number on all correspondence to the City. Any oral communications shall be considered unofficial and non-binding.

Only written responses to written communication shall be considered official and binding upon the City. The City reserves the right, at its sole discretion, to determine appropriate and adequate responses to the written comments, questions, and requests for clarification.

*NOTE: All addendums and/or any other correspondence before bid close date (general information, question and responses) to this solicitation will be made available exclusively through the DemandStar's Website for retrieval. All notice of intent to award documentation will be published on the City Clerk's Website. Proposers are solely responsible for frequently checking these websites for updates to this solicitation.

I understand and shall fully comply with all requirements of City of Port. St. Lucie Ordinance 20-15, Section 35.13.

Typed Name: Timothy Rose
Signed: 
Company and Job Title: Timothy Rose Contracting, President
Date: 10/26/22



"A City for All Ages"

eBID #20220109

CONTRACTOR'S CODE OF ETHICS

The City of Port St Lucie ("City"), through its Procurement Management Department ("Procurement Management Department") is committed to a procurement process that fosters fair and open competition, is conducted under the highest ethical standards and enjoys the complete confidence of the public. To achieve these purposes, Procurement Management Department requires each vendor who seeks to do business with the City to subscribe to this Contractor's Code of Ethics.

- ◆ A Contractor's bid or proposal will be competitive, consistent and appropriate to the bid documents.
- ◆ A Contractor will not discuss or consult with other Vendors intending to bid on the same contract or similar City contract for the purpose of limiting competition. A Vendor will not make any attempt to induce any individual or entity to submit or not submit a bid or proposal.
- ◆ Contractor will not disclose the terms of its bids or proposal, directly or indirectly, to any other competing Vendor prior to the bid or proposal closing date.
- ◆ Contractor will completely perform any contract awarded to it at the contracted price pursuant to the terms set forth in the contract.
- ◆ Contractor will submit timely, accurate and appropriate invoices for goods and/or services actually performed under the contract.
- ◆ Contractor will not offer or give any gift, item or service of value, directly or indirectly, to a City employee, City official, employee family member or other vendor contracted by the City.
- ◆ Contractor will not cause, influence or attempt to cause or influence, any City employee or City Official, which might tend to impair his/her objectivity or independence of judgment; or to use, or attempt to use, his/her official position to secure any unwarranted privileges or advantages for that Vendor or for any other person.
- ◆ Contractor will disclose to the City any direct or indirect personal interests a City employee or City official holds as it relates to a Vendor contracted by the City.
- ◆ Contractor must comply with all applicable laws, codes or regulations of the countries, states and localities in which they operate. This includes, but is not limited to, laws and regulations relating to environmental, occupational health and safety, and labor practices. In addition, Contractor

must require their suppliers (including temporary labor agencies) to do the same. Contractor must conform their practices to any published standards for their industry. Compliance with laws, regulations and practices include, but are not limited to the following:

- Obtaining and maintaining all required environmental permits. Further, Contractor will endeavor to minimize natural resource consumption through conservation, recycling and substitution methods.
- Providing workers with a safe working environment, which includes identifying and evaluating workplace risks and establishing processes for which employee can report health and safety incidents, as well as providing adequate safety training.
- Providing workers with an environment free of discrimination, harassment and abuse, which includes establishing a written antidiscrimination and anti-bullying/harassment policy, as well as clearly noticed policies pertaining to forced labor, child labor, wage and hours, and freedom of association.

Name of Organization/Proposer Timothy Rose Contracting, Inc.

Signature 

Printed Name and Title Timothy Rose - President

Date 10/26/22

DISCLAIMER: This Code of Ethics is intended as a reference and procedural guide to contractors. The information it contains should not be interpreted to supersede any law or regulation, nor does it supersede the applicable contractor contract. In the case of any discrepancies between it and the law, regulation(s) and/or contractor contract, the law, regulatory provision(s) and/or vendor contract shall prevail.



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E-Verify Form

Supplier/Consultant acknowledges and agrees to the following:

1. Shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Supplier/Consultant during the term of the contract; and
2. Shall expressly require any subcontractors performing work or providing services pursuant to the state contract to likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term.

E-Verify Company Identification Number 1628409

Date of Authorization 1/14/21

Name of Contractor Timothy Rose Contracting, Inc.

Name of Project Import Drive Sidewalk Construction Project - Phase 2

Solicitation Number
(If Applicable) 20220109

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on October, 26th, 20 22 in Vero Beach (city), FL (state).



Signature of Authorized Officer

Timothy Rose - President

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 26th DAY OF October, 20 22.

NOTARY PUBLIC Staci Best 

My Commission Expires: 02/05/2025





"A City for All Ages"

NON-COLLUSION AFFIDAVIT
Solicitation#20220109
Import Drive Sidewalk Construction Project- Phase 2

State of Florida }

County of Indian River }

Timothy Rose, being first duly sworn, disposes and says that:
(Name/s)

1. They are President of Timothy Rose Contracting, Inc the Proposer that
(Title) (Name of Company)

has submitted the attached PROPOSAL;

2. He is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such PROPOSAL;

3. Such Proposal is genuine and is not a collusive or sham Proposal;

4. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the contract for which the attached proposal has been submitted or to refrain from proposing in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and

5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(Signed) 

(Title) President



"A City for All Ages"

STATE OF FLORIDA }
COUNTY OF ST. LUCIE } SS:

The foregoing instrument was acknowledged before me this (Date) October 26th, 2022

by: Timothy Rose who is personally known to me or who has produced
as identification and who did (did not) take an oath.

Commission No. HH076499

Notary Print: Staci Best

Notary Signature: Staci B Best





"A City for All Ages"

DRUG-FREE WORKPLACE FORM
e-BID #20220109

Import Drive Sidewalk Construction Project - Phase 2

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that

Timothy Rose Contracting, Inc. does:
(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 Florida Statutes or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.



Contractor's Signature

10/26/22

Date

CITY OF PORT ST. LUCIE, FLORIDA
SEALED BID NO. 20220109
PROJECT TITLE: Import Drive Sidewalk Construction Project – Phase 2

TRENCH SAFETY ACT COMPLIANCE STATEMENT

Project Name: **Import Drive Sidewalk Construction Project – Phase 2**

Project Location: Import Drive from Inca Terrace to Savage Blvd, Port St. Lucie, Florida

Instructions:

Chapter 90-96 of the Laws of Florida requires all Contractors' engaged by The City of Port St. Lucie, Florida to comply with Occupational Safety and Health Administration Standard 29 C.F.R. s. 1926.650 Subpart P. All prospective Contractors are required to sign the compliance statement and provide compliance cost information where indicated below. The costs for complying with the Trench Safety Act must be incorporated into this project's base bid.

Certify this form in the presence of a notary public or other officer authorized to administer oaths.

Certification

1. I understand that Chapter 90-96 of the Laws of Florida (The Trench Safety Act) requires me to comply with OSHA Standard 29 C.F.R. s. 1926.650 Subpart P. I will comply with The Trench Safety Act and I will design and provide trench safety systems at all trench excavations in excess of five feet in depth for this project.

2. The estimated cost imposed by compliance with The Trench Safety Act will be:

One thousand Dollars
(Written) (Figures) \$1,000.00

3. The amount listed above has been included within the Base Bid.

Certified: Timothy Rose Contracting, Inc.

(Company-Contractor)

By:  - Timothy Rose

(President's Signature)

(President's Typed or Printed Name)

Sworn to and subscribed before me in Indian River County, Florida on the
day of October 26th, 2022


NOTARY PUBLIC





Ron DeSantis, Governor

Melanie S. Griffin, Secretary



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

ROSE, TIMOTHY WILLIAM

TIMOTHY ROSE CONTRACTING INC

825 8TH STREET

VERO BEACH FL 32962

LICENSE NUMBER: CGC052940

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



Ron DeSantis, Governor

Julie I. Brown, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE UNDERGROUND UTILITY & EXCAVATION CONTRACTOR HEREIN HAS REGISTERED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

(INDIVIDUAL MUST MEET ALL LOCAL LICENSING
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

ROSE, TIMOTHY WILLIAM

TIMOTHY ROSE CONTRACTING INC
825 8TH STREET
VERO BEACH FL 32962

LICENSE NUMBER: RU0066532

EXPIRATION DATE: AUGUST 31, 2023

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



Florida Department of Transportation

RON DESANTIS
GOVERNOR

605 Suwannee Street
Tallahassee, FL 32399-0450

JARED W. PERDUE, P.E.
SECRETARY

May 23, 2022

TIMOTHY ROSE CONTRACTING, INC.
825 8TH STREET
VERO BEACH, FLORIDA 32962

RE: CERTIFICATE OF QUALIFICATION

The Department of Transportation has qualified your company for the type of work indicated below.

FDOT APPROVED WORK CLASSES:

DRAINAGE, FLEXIBLE PAVING, GRADING, GRASSING, SEEDING AND SODDING, GUARDRAIL, HOT PLANT-MIXED BITUM. COURSES, SIDEWALK

Unless notified otherwise, this Certificate of Qualification will expire 6/30/2023.

In accordance with Section 337.14(4), Florida Statutes, changes to Ability Factor or Maximum Capacity Rating will not take effect until after the expiration of the current certificate of prequalification (if applicable).

In accordance with Section 337.14(1), Florida Statutes, an application for qualification must be filed within (4) months of the ending date of the applicant's audited annual financial statements.

If the company's maximum capacity has been revised, it may be accessed by logging into the Contractor Prequalification Application System via the following link:
[HTTPS://fdotwp1.dot.state.fl.us/ContractorPreQualification](https://fdotwp1.dot.state.fl.us/ContractorPreQualification)

Once logged in, select "View" for the most recently approved application, and then click the "Manage" and "Application Summary" tabs.

The company may apply for a Revised Certificate of Qualification at any time prior to the expiration date of this certificate according to Section 14-22.0041(3), Florida Administrative Code (F.A.C.), by accessing the most recently approved application as shown above and choosing "Update" instead of "View." If certification in additional classes of work is desired, documentation is needed to show that the company has performed such work.

All prequalified contractors are required by Section 14-22.006(3), F.A.C., to certify their work underway monthly in order to adjust maximum bidding capacity to available bidding capacity. You can find the link to this report at the website shown above.

Sincerely,

for Alan Autry, Manager
Contracts Administration Office

AA:cg

Competent Person Training

 **United Rentals**
Trench Safety

Timothy Rice

has attended 8 hours of training
in Trench and Excavation Safety.

Date

Rob Hudson
Instructor

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S75343

Entity Name: TIMOTHY ROSE CONTRACTING, INC.

Current Principal Place of Business:

825 8TH STREET
VERO BEACH, FL 32962

Current Mailing Address:

825 8TH STREET
VERO BEACH, FL 32962 US

FEI Number: 65-0284242

Name and Address of Current Registered Agent:

ROSE, TIMOTHY W.
825 8TH STREET
VERO BEACH, FL 32962 US

FILED
Jan 25, 2022
Secretary of State
0556738565CC

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Date

Electronic Signature of Registered Agent

Officer/Director Detail :

Title P
Name ROSE, TIMOTHY W.
Address 825 8TH STREET
City-State-Zip: VERO BEACH FL 32962

Title SEC
Name ROSE, RONALD
Address 825 8TH STREET
City-State-Zip: VERO BEACH FL 32962

Title VP
Name ROSE, ZACHARY T
Address 825 8TH STREET
City-State-Zip: VERO BEACH FL 32962

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY ROSE

PRESIDENT

01/25/2022

Electronic Signature of Signing Officer/Director Detail

Date

2022 - 2023 LOCAL BUSINESS TAX

INDIAN RIVER COUNTY, FLORIDA

MUST BE DISPLAYED IN A CONSPICUOUS PLACE

TYPE OF BUSINESS 512 CONTR-GENERAL/CERTIFIED

BUSINESS ADDRESS 825 8TH ST
VERO BEACH, FL 32960

NAME TIMOTHY ROSE CONTRACTING INC
MAILING ADDRESS ROSE, TIMOTHY
825 8TH ST
VERO BEACH, FL 32960

ACCOUNT # 23991
RECEIPT # 5452
EXPIRES **SEPTEMBER 30, 2023**

AMOUNT	40.00
PENALTY	0.00
TRANSFER	0.00
TOTAL	40.00

This receipt is in addition to and not in lieu of any other license required by law or municipal ordinance and is subject to regulations of zoning, health and any other lawful authority. Owner must notify the Tax Collector's Office of any changes in business name, ownership, location address or mailing address.

CAROLE JEAN JORDAN, CFC
TAX COLLECTOR
INDIAN RIVER COUNTY, FLORIDA

Paid 09/08/2022 40.00

191-00000342



August 8, 2022

RE: TIMOTHY ROSE CONTRACTING, INC.

To Whom It May Concern:

This is to advise you that our office provides Bid, Performance, and Payment Bonds for Timothy Rose Contracting, Inc. Their Surety is Hartford Fire Insurance Company, which carries an A.M. Best Rating of A+ XV and is listed in the Department of the Treasury's Federal Register.

Based upon normal and standard underwriting criteria at the time of the request, we should be in a position to provide Performance and Payment Bonds in the amount of \$20,000,000 for single size projects and \$40,000,000 total aggregate. We obviously reserve the right to review the final contractual documents, bond forms and obtain satisfactory evidence of funding prior to final commitment to issue bonds.

Timothy Rose Contracting, Inc. is an excellent contractor and we hold them in high regard. We feel extremely confident in our contractor and encourage you to offer them an opportunity to execute any upcoming projects.

This letter is not an assumption of liability, nor is it a bid or performance and payment bond. It is issued only as a bonding reference requested by our respected client.

If you should you have any questions, please do not hesitate to give me a call.

Sincerely,

Jarrett Merlucci
Resident Agent

15050 NW 79th Court

Suite 200

Miami Lakes, FL 33016

P: 305.722 2663

F: 305.558.9650

W: nielsonbonds.com

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Timothy Rose Contracting, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☒ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

825 8th Street

6 City, state, and ZIP code

Vero Beach, FL 32962

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

6 5 - 0 2 8 4 2 4 2

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Timothy Rose

Date ► 5/03/22

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/7/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Sihle Insurance Group of Vero Inc. 5055 Highway A1A Vero Beach FL 32963	CONTACT NAME: Certificate Department	FAX (A/C, No): 407-389-3580	
	PHONE (A/C, No, Ext): 7724731100	E-MAIL ADDRESS: certificates@sihle.com	
INSURED Timothy Rose Contracting Inc. 825 8th Street Vero Beach FL 32962	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Continental Insurance Company		19445
	INSURER B: Valley Forge Insurance Company		20508
	INSURER C: Transportation Insurance Company		20494
	INSURER D: Continental Casualty Company		20443
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:** 637597640**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> incl XCU <input checked="" type="checkbox"/> Cont Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		7015727381	6/6/2022	6/6/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BUA 7015727395	6/6/2022	6/6/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		7015727400	6/6/2022	6/6/2023	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	Contractors Equipment Rented/Leased Equipment Installation Floater		C7015029465	6/6/2022	6/6/2023	Maximum Any One Item \$500,000 Maximum Any One Item \$100,000 Property Limits \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

For Information Purposes Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/28/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Nexus Partners Insurance 5745 North Scottsdale Road, Suite B120 Scottsdale, AZ 85250	CONTACT NAME: Cory Strahler	FAX (A/C, No):	
	PHONE (A/C, No, Ext): 904-739-2722	E-MAIL ADDRESS: pa@matrixonesource.com	
INSURED Ally HR, LLC L/C/F Timothy Rose Contracting, Inc. 12735 Gran Bay Parkway West Ste 202 Jacksonville FL 32258	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: StarStone National Insurance Company		25496
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:** 65913344**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	T80220001-843	1/1/2022	1/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage provided for all leased employees but not subcontractors of:
Timothy Rose Contracting, Inc. 1/1/2021

CERTIFICATE HOLDER**CANCELLATION**

Timothy Rose Contracting, Inc.
1360 Old Dixie Hwy SW
Suite 106
Vero Beach FL 32962

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jodie R. Kramer Cole

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